No. 2 4-13-40 5-17-39	BURRAU OF THE GENSUS STANDARD CERTIL	BOARD OF HEALTH  FICATE OF DEATH  State Pile No
~ ×201597	Registration District No Primary Registration District	rict No
した から いしな UNFADING BLACK INK-MAKE A PERMANENT RECORD	1. PLACE OF DEATH:  (a) County  (b) City or town  (If outside city or town limits, write "RURAL" and name of township)  (c) Name of hospital or institution:  St. Louis County Hospital  (If not in hospital or institution.  St. Louis County Hospital  (If not in hospital or institution.  St. Louis County Hospital  (If not in hospital or institution.  (If not in hospital or institution.  If the great whether  In this community.  years, months or days)  3. (a) PRINT  FULL NAME.  Raymond Siebert  3. (b) If veteras S. 488-03-17/2 3. (c) Social Security  name war.  Unknown  No. Unknown  4. Sex. Male  5. Color or  race White  () divorced Single  () divorced Single  6. (c) Age of husband or wife If  alive.  years  7. Birth date of deceased.  Oct.  () Age of husband or wife If  alive.  years  27 1916  (Month)  (Day)  (Year)  8. AGE: Years  Months  Days  If less than one day  24 2 18 hr.  min.  9. Birthplace.  (City, town, or county)  10. Usual occupation.  Unknown  11. Industry or business  National Lead Co.  Exp. 12. Name.  Joseph Siebert  13. BirthplaceSt. Genevieve Co. Mo.	Registrar's No. 31  2. USUAL RESIDENCE OF DECEASED.  (a) State MO. (b) County St. Louis 96  (c) City or town 4 Lôma veil bert  (lf outside city or town limits, write "RURAL")  (d) Street No. 4500 Sei bert Ave. (if rural, give location)  (e) If foreign born, how long in U. S. A.? years.  MEDICAL CERTIFICATION  20. DATE OF DEATH: Month Jan. day 14  year 1941 hour 9 minute: 00 A. M.  21. I hereby certify that I attended the deceased from 1-7-41  that I last saw h 1 Malive on 1-14-41 19 :  that I last saw h 2 Malive on 1-14-41 19 :  Immediate cause of death 4 Skann  Due to Chance Replants with  Due to Chance Replants with  Major findings:  Of operations.  Underline the cause to which death  Underline the cause to which death  Underline the cause to which death
WRITE PLAINLY	(City, town, or county)  (State or foreign country)  (State or foreign country)  (State or foreign country)  (State or foreign country)  (City, powy, or country)  (State or foreign country)	Of autopsy
WRIT	16. (a) Informant Joseph Prefer Care (b) Address 4500 Slepter Care	(a) Accident, suicide, or homicide (specify)
-	17. (a) (b) Date thereof (Month) (DB) (Year)  (b) Place; burial or cremation New J. S. Peter D. Cerry	(c) Where did injury occur? (City or town) (County) (State)  (d) Did injury occur in or about home, on farm, in industrial place, in public place?
	18. (a) Signature of funeral directors than 3 regunthern - South  (b) Address 15 1941 (b) RMusel Mode Registrar a signature)  19. (a) JAN 15 1941 (b) Registrar a signature)	While at work?  (Specify type of place)  (e) Means of injury  23. Signature  (M. D. or other)  Address St. Law Court (Law Date signed 1/14/4)
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I hereby certify that the body whose name	is recorded or	i the reverse side of	tins certifica	te was embanned by me,	OI Dy
. ,		•	Des	istered Apprentice No	-
	·····		глев	istered Apprentice 110	
king under my personal supervision.	•	_		•	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.